

Dear Applicant,

We are pleased that you are interested in our summer volunteer program at Tanner Health System. The program will run from June 1st through August 1st and will be hopefully both enjoyable and educational. The qualifications for this program are:

- Be a student between the ages of 15 and 18.
- Have a 3.0 (B) grade point average.
- Return a <u>COMPLETED</u> application with parental/guardian signature and consents by deadline date.
- Provide two letters of recommendation- One from a school counselor with GPA and attendance records included. No disciplinary actions in the last 12 months.
- Must type answers to essay questions on separate sheet of paper.
- Be available 6 weeks of summer.
- Provide a copy of all required immunizations.
- Must complete a TB test and submit with application.
- Parent must attend online orientation.
- Student must attend student orientation which will be held in person on Wednesday, June 5, 2024 from 9 a.m. 3p.m.

This is a volunteer opportunity and you do not have to be in a healthcare pathway. It is only required that you meet the guidelines above. There will be opportunities to continue volunteer service thru the school year if invited to do so at the end of the summer.

Please feel free to ask me any questions you have about this program.

Sincerely,

Jeanette Wheeler Director of Volunteer Services Tanner Health System

Tanner Teen Institute Summer Program

We are excited and want to thank you for your interest in the Tanner Teen Institute. Volunteers contribute in many ways by providing great customer service to our patients and their families as well as supporting the professional staff.

The Tanner Teen Institute Summer Program runs from June 1st until August 1st. This program is designed to expose students who are interested in healthcare, to the operations of a hospital. Volunteers will have a chance to interact with clinicians and support hospital staff.

About the Program:

Education days are informative sessions where students can engage with other medical professionals and other professionals from the health system. Students will also have the opportunity to learn about different healthcare career pathways.

Previous Education Day Topics (included but not limited to):

Public Speaking HR- How to Create a Resume HR- How to Interview Customer Service

Hear from medical professionals in: Pharmacy, Behavioral Health, Emergency Management, Respiratory Therapy, Radiology, Lab, Nursing, Physical Therapy, and Nonprofit Management.

Onsite Volunteer Assignments: The student will be assigned to a volunteer service area referenced below. Students are placed in service areas based on the needs of the hospital as well as availability.

Examples of Areas of Service (included but not limited to):

Administrative Offices Health and Community Wellness Hospital Nursing Units

Gift Shop Information Desk Medical Offices

Tanner Teen Institute Summer Program Commitment: Each student will participate in onsite volunteer opportunities and education days as well as all virtual assignments and opportunities.

Verification of Hours: If the student meets the minimum requirements listed above, they will receive a letter of recommendation from the Director of Volunteer Services at the end of the program.

Thank you for your interest in the Tanner Teen Institute Summer Program!

Personal Information			
Name:	Home Phone Number		
Address:	(
City: State: Zip Code:	Student Cell Phone Number		
Date of Birth:/	()		
You must be at least 15 years old to volunteer.	Student's Email:		
T-shirt Size:			
Emergency Contact Information: Relationship to Conta	ct: Emergency Contact Phone Number:		
Education			
Education			
Name of High School:	School Phone Number:		
Name of High School:	School Phone Number: ()		
Name of High School: School Address:	School Phone Number: ()		
Name of High School: School Address: City: State: Zip Code:	School Phone Number: ()		
Name of High School: School Address: City: State: Zip Code: School Counselors Name: What grade will you be in Fall of 2024:	School Phone Number: ()		
Name of High School: School Address: City: State: Zip Code: School Counselors Name:	School Phone Number: ()		
Name of High School: School Address: City: State: Zip Code: School Counselors Name: What grade will you be in Fall of 2024:	School Phone Number: ()		
Name of High School: School Address: City: State: Zip Code: School Counselors Name: What grade will you be in Fall of 2024: How did you hear about Tanner Teen Institute?	School Phone Number: ()		

Availability

You must be available a minimum of 6 weeks out of the summer.

You must attend student orientation in person on Wednesday, June 5^{th} , 2024, from 9a.m. – 3p.m. and 5 other education days throughout the summer.

References	
References should be an adult, not related to you, that you employment.	know through school, community, religious institution, or
Name:	Phone Number: ()
How do you know this person?	
Name:	Phone Number: ()
How do you know this person?	

Questions:

Please answer the questions below on separate sheet of paper. The answers must be a typed.

- 1. Provide three reasons why you would like to volunteer with Tanner Health System.
- 2. What does customer service mean to you?
- 3. Give two examples which demonstrate you are a dependable person.
- 4. Where do you see yourself in three years?

As a Tanner Teen Institute Volunteer, I understand I am required to:
 Be a student between the ages of 15 and 18. Have a 3.0 (B) grade point average. A <u>COMPLETED</u> application with parental/guardian signature and consents. Provide two letters of recommendation- One letter from a school counselor with GPA and attendance documentation included One letter from someone in the community or teacher Returning TTI students will not be required to have two letters of recommendation. Please submit your latest report card. Follow Tanner Health System rules and regulations as specified on the attached liability and teen agreement form. Be available 6 weeks of summer. Attend student orientation (Wednesday, June 5, 2024 from 9 a.m. – 3p.m.). Program can be done virtually or combined with some in person volunteer opportunities.
I have fully completed the Tanner Teen Institute application and have read the above listed requirements.
Tanner Teen Institute Student Applicant Date

Parent or Legal Guardian of Student

Date

Medical Release/Parent Liability Form

Parent (s)	/Guardian	
Parent(s)/	Guardian contact phone #	
Alternate	Contact	Phone #
Tanner He forever di representa injuries or includes o personnel do also he responsib negligent of or control	eration of my minor child be ealth System Volunteens and scharge Tanner Health System atives, successors, executors or damages resulting from my occasions when my child may to various sites owned or operby release all of those menilities of liability for any injuract or omission of any other nected with my child's particular.	AND RELEASE OF LIABILITY ing allowed to participate in the activities and programs of to volunteer at its facilities, I do herby waive, release and em and its directors, officers, agents, employees, and all other form and all responsibilities or liability for or child's participation in any volunteer activities. This by be transferred or transported by Tanner Health System overated by Tanner Health System or its strategic affiliates. Stioned and any other acting upon their behalf from any arry or damage to my child, including those caused by the sent released under this Agreement in any way arising out inpation in any activities of Tanner Health System.
Par	ent/Guardian please in	itial the appropriate agreement statements.
	I give permission for m	y child to serve as a Tanner Teen Volunteer
		nmediate emergency medical treatment if needed. Notify listed above as soon as possible.
	I <u>Do Not</u> give permissio contacted.	on for emergency medical treatment until I have been
		Mandatory TB Skin Test and I verify my child has not been be tuberculosis or had a previous positive TB Skin Test.
st all allerg		other conditions that may need to be known in an
Parent/G	uardian Signature	

Tanner Teen Institute Summer Program Check List

Application

	Filled out application completely.
	Included the essay questions (typed on separate piece of paper)
	Copy of GPA
	Copy of Attendance Record
	Copy of Immunization Records
	Copy of TB test
	Recommendation Letters (2)
П	Signed Parent Medical Liability Release Form

Mail application to:

Volunteer Services Department Tanner Medical Center 705 Dixie Street Carrollton, Georgia 30117

Applications are due by the end of day on Friday, April 1, 2024.

After your application has been received by Volunteer Services it will be reviewed. This review process could up take up to three weeks. You will be notified by mail of the status of your application to the Tanner Teen Institute Summer Program.

If you are accepted, you are required to attend a **Student and Parent Virtual Orientation**. Details for this meeting will be included in your acceptance letter.